



# For Your Benefit

Public Employees Benefits Board (PEBB) Program

## Inside

2013 employee monthly premiums ..... 3

New benefits summary makes plan comparisons easier ..... 3

What types of changes can I make? ... 4

Reminders about the CDHP/HSA options..... 5

FSA and DCAP must be renewed every year ..... 6

Federal rules protect your health profile..... 7

PEBB plans make access to vaccinations painless . 8

See what our website can do for you ..... 9

Save the Green..... 9

Most PEBB plans offer creditable prescription-drug coverage ..... 9

Benefits fairs schedule..10

Who to call for help ... 11

Take action to ensure your plan(s) are still right for you..... 12

Washington State Health Care Authority  
Public Employees Benefits Board

1-800-200-1004  
360-725-0440

[www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov)

PEBB's open enrollment starts November 1—learn what's changing for 2013

## Fewer changes for employees in 2013

Benefits for state and higher-education employees will stay the same or reflect modest changes next year:

- No premium increases for supplemental life or optional long-term disability insurance.
- No changes to PEBB benefits for dental, life, or long-term disability insurance.
- A few medical plans' benefits will have cost-sharing changes.
- Many members' medical plan premiums will decrease.

In addition, PEBB rules have been updated to reflect legislation, administer the program, and make rules clearer.

**All changes described below are effective January 1, 2013, unless noted otherwise.**

Cost-sharing for other benefits won't change in 2013; you can find these on PEBB's website at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov).

### Changes to cost-sharing for some medical plans

Cost-sharing is the member's annual deductible, annual out-of-pocket limit, coinsurance, or copay. Only the plans listed below will have cost-sharing changes to their benefits in 2013. **Exception:** Member cost-sharing for prescription drugs can change at any time as drugs move into different coverage tiers.

### Federal law expands preventive care services for women

The federal Patient Protection and Affordable Care Act requires group health plans to expand covered preventive care services and treatments for women, starting with PEBB's new plan year on January 1, 2013. This includes coverage for contraceptive methods, sterilization, breastfeeding counseling and equipment, and other services and treatments with no cost-sharing for members. Please check with your plan for coverage details.

*(continued)*

### Cost-sharing changes to medical plans for 2013

Group Health Classic	Emergency room copay increases to \$250 (up from \$150 in 2012)
Group Health Value	Emergency room copay increases to \$300 (up from \$200 in 2012)
Kaiser Permanente Classic	<ul style="list-style-type: none"><li>• Annual out-of-pocket maximum increases to \$2,000 per person/\$4,000 per family (up from \$1,500/\$3,000 in 2012)</li><li>• Annual deductible increases to \$250 per person/\$750 per family (up from \$150/\$450 in 2012)</li><li>• Durable medical equipment and ambulance benefits are subject to the annual deductible and out-of-pocket maximum</li></ul>

# Fewer changes for employees in 2013 *(continued)*

## Lower monthly premiums for many employees

Three of PEBB's seven medical plans—Uniform Medical Plan Classic, UMP Consumer-Directed Health Plan (CDHP), and Kaiser Permanente's CDHP—will see decreases in their monthly premiums next year. More than 62% of state and higher-education employees and their family members are enrolled in these three plans. You can find the 2013 employee monthly premiums on page 3.

State and higher-education employees will continue to pay a weighted average of 15 percent of the plans' total costs in 2013; the state pays 85 percent.

### What is a “weighted average”?

The weighted average, for both the state and employees, is based on a formula that takes into account the combined medical plans' bid rates and their enrollment. The state pays an average of 85% of the total health care costs, and employees pay an average of 15% based on the number of family members enrolled. **The 15% employee share isn't specific to any one employee's account, but is spread across all employees enrolled in PEBB coverage.**

## Contribution limits increase for HSAs, decrease for FSAs

The health savings account (HSA) contribution limits for the 2013 tax year will increase from the 2012 contribution limits. The employer's annual contribution of \$700 per individual or \$1,400 per family will stay the same in 2013.

	2012 HSA contribution limits		2013 HSA contribution limits	
	Under age 55	Age 55 and above*	Under age 55	Age 55 and above*
Individual	\$3,100	\$4,100	\$3,250	\$4,250
Family**	\$6,250	\$7,250	\$6,450	\$7,450

\*Subscriber must turn age 55 by the end of the taxable year (generally April 15 of the following year).

\*\*Subscriber and one or more family members enrolled in the CDHP.

For those enrolled in a flexible spending account (FSA), the federal Patient Protection and Affordable Care Act passed in 2010 limits FSA contributions to \$2,500 per enrollee starting January 2013. (PEBB's maximum contribution for 2012 is \$3,600.)

## Revisions to PEBB rules

Each year the PEBB Program may amend, repeal, and adopt new sections of Washington Administrative Code (WAC) so that its rules are clear, aligned to state law, and compliant with federal regulations. You can find these rules at [www.pebb.hca.wa.gov/policy.html](http://www.pebb.hca.wa.gov/policy.html).

Recent updates include:

- The PEBB Program recognizes other jurisdictions' same-sex domestic partner registrations (as long as they are substantially equivalent to Washington State's domestic partner registration) and same-sex marriages to qualify a subscriber's partner or same-sex spouse for PEBB benefits.
- The PEBB Appeals Committee may extend the 30-day requirement for rendering a written decision to the member, with written notice of good cause for the delay.
- The PEBB Program expands the list of special open enrollment events that allow employees to make an enrollment change and corresponding change under the premium payment plan as follows:
  - The employee may change his or her PEBB enrollment (or a dependent's enrollment) if enrolling in or disenrolling from another employer's group health plan outside of PEBB's annual open enrollment. The change must occur during the other employer's annual open enrollment. In this situation, the employee may also change his or her election in the Dependent Care Assistance Program (DCAP).
  - The employee may enroll an eligible dependent when the dependent moves into the U.S. If the employee had waived enrollment in medical, he or she could enroll in medical to enroll the dependent.

## Employees' W-2s to include value of PEBB coverage

The federal Patient Protection and Affordable Care Act also requires employers to report the cost of group health plan coverage on employees' 2012 Form W-2, to be issued in January 2013. The Internal Revenue Service states that the reported amounts are not taxable, but are intended to be informational only, and provide employees with greater transparency into overall health care costs. Contact your employer's payroll office if you have any questions.

# 2013 employee monthly premiums

The premiums below apply to employees in state agencies, higher-education institutions, and community and technical colleges.

Plan Name	EMPLOYEE CONTRIBUTION BY FAMILY TIER							
	Employee		Employee & Spouse*		Employee & Child(ren)		Full Family	
	2012	2013	2012	2013	2012	2013	2012	2013
Group Health Classic	\$101	\$115	\$212	\$240	\$177	\$201	\$288	\$326
Group Health CDHP	26	36	62	82	46	63	82	109
Group Health Value	52	66	114	142	91	116	153	192
Kaiser Permanente Classic	89	98	188	206	156	172	255	280
Kaiser Permanente CDHP	24	21	58	52	42	37	76	68
UMP Classic	82	77	174	164	144	135	236	222
UMP CDHP	27	22	64	54	47	39	84	71

*\*or state-registered domestic partner*

## New benefits summary makes plan comparisons easier

For 2013, one of the Patient Protection and Affordable Care Act's mandates is to provide health plan subscribers with an easier, more standardized comparison tool of medical plan benefits, terms, and conditions. This tool, called the **Summary of Benefits and Coverage** (or SBC), allows plan applicants and members to compare things like:

- What is not included in the plan's out-of-pocket limit?
- Do I need a referral to see a specialist?
- Are there services this plan doesn't cover?

The PEBB Program and/or medical plans are required to provide an SBC (or notice of how to get one) at different times throughout the year, such as when someone applies for coverage, upon plan renewal, and when requested. The SBC is available upon request in Spanish, Tagalog, Chinese, and Navajo.

The SBC will not replace the PEBB Program's online benefits comparisons, or the plans' summary plan descriptions or certificates of coverage.

### How to find the Summaries of Benefits and Coverage


To request an SBC from your medical plan	To request an SBC from another PEBB medical plan
<p>You can either:</p> <ul style="list-style-type: none"> <li>• Go to your plan's website to view it online; OR</li> <li>• Call your plan's customer services to request a paper copy at no charge.</li> </ul>	<p>You can either:</p> <ul style="list-style-type: none"> <li>• Go to the plan's website to view it online; OR</li> <li>• Call the PEBB Program at 1-800-200-1004 to request a paper copy at no charge.</li> </ul>
You can find the medical plans' websites and customer service phone numbers on page 11.	

# What types of changes can I make...

## during open enrollment?

**PEBB's annual open enrollment is your chance to:**

- Add an eligible family member to your PEBB coverage. You must provide proof of his or her eligibility with your enrollment form, or he or she will not be enrolled. You can find a list of acceptable documents at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) under *Dependent Verification*.
- Remove a family member from your PEBB coverage.
- Change your medical and/or dental plan.
- Waive PEBB medical coverage, if you have other comprehensive group medical coverage.
- Enroll if you previously waived PEBB medical coverage.
- Enroll in or reenroll in a flexible spending account (FSA) or Dependent Care Assistance Program (DCAP). If you or your spouse enrolls in an FSA in 2013, you cannot enroll in a consumer-directed health plan (CDHP) with a health savings account (HSA)—even if you do not cover your spouse on your CDHP. If you're currently enrolled in an FSA and want to enroll in a CDHP/HSA in 2013, you must spend all of your FSA dollars by December 31, 2012.



You can make plan changes online during open enrollment at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) by selecting *My Account*. You cannot enroll family members online if they haven't been previously covered under your account; to do this, complete and submit the *Employee Enrollment/Change* form to your personnel, payroll, or benefits office. Forms can be found on PEBB's website or from your employer.

**Any changes you make during open enrollment become effective January 1, 2013.**

## throughout the year?

**You can make these changes at any time:**

- Add or remove a family member based on an event that creates a special open enrollment (such as marriage or birth of a child). You must provide proof of his or her eligibility with your enrollment form within PEBB's timelines, or he or she will not be enrolled. You can find a list of acceptable documents at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) under *Dependent Verification*.
- Remove a family member from your PEBB coverage when he or she becomes ineligible (required). Coverage ends the last day of the month the family member lost eligibility.
- Change your medical and/or dental plan, if you or a covered family member has an event that allows for a plan change.
- Waive your PEBB medical coverage if you gain other comprehensive group medical coverage.
- Enroll if you previously waived PEBB medical coverage, when you lose other comprehensive group medical coverage.
- Enroll in or change your FSA or DCAP contributions if you or an eligible family member has a triggering event that allows for a special open enrollment.
- Change your life insurance or health savings account (HSA) beneficiary information.
- Change your HSA contribution amount. Contact your employer's personnel, payroll, or benefits office or HealthEquity to make this change.
- Apply for optional long-term disability insurance, or change the benefit waiting period.
- Apply for auto and home insurance, and long-term care insurance.

**Any changes you make during the year have varying effective dates—check with your employer's personnel, payroll, or benefits office.**



# Reminders about the CDHP/HSA options

For 2012, the PEBB Program offered a new health plan option: a **consumer-directed health plan (CDHP)** with a **health savings account (HSA)**.

A **CDHP** is a type of insurance plan that has lower premiums, a higher annual deductible, and higher out-of-pocket maximum than traditional health plans. All PEBB plans, including the CDHPs, provide 100% coverage for preventive care services received in the plan's network, without having to pay the deductible first.

An **HSA** is a tax-exempt account that you, your employer, or anyone can deposit funds into on your behalf. You can use the funds in your HSA to pay for IRS qualified out-of-pocket medical expenses (such as deductibles, copays, and coinsurance), including some expenses and services that may not be covered by your health plan. You can spend HSA funds on medical expenses for your spouse or other tax dependents, even if they are not covered under your plan. And your HSA funds are yours, even if you leave the plan or retire. You will be automatically enrolled in an HSA when you enroll in a CDHP.

## Your employer deposits money into your HSA

When you enroll in a PEBB CDHP, your employer contributes \$700 for an individual subscriber or \$1,400 for a family account. Contributions from your employer go into the HSA in monthly installments over the year. The entire annual amount is **not** deposited in your HSA on January 1, 2013.

## HSA contribution limits increase in 2013

In 2013, the IRS will increase the annual limit for contributions from all sources into an HSA, which is \$3,250 for single subscribers and \$6,450 for families (up from \$3,100 and \$6,250 in 2012, respectively). Members ages 55 and older may contribute up to \$1,000 more annually in addition to the limits above.

## Keep in mind:

- If you are enrolled in a CDHP for 2012 and wish to remain enrolled in the same CDHP for 2013, **you do not need to do anything**. Your current CDHP enrollment and your unspent HSA funds will carry over next year.
- You cannot enroll in a CDHP/HSA and a flexible spending account (FSA) in the same year. This also applies if your spouse has an FSA through his or her employer.



- If you are enrolled in Medicare, you are not eligible for an HSA. If you enroll in a CDHP for 2013 and become eligible for Medicare Part A or Part B, you must change to another PEBB medical plan that is not a CDHP. The annual deductible and annual out-of-pocket maximum will restart with your new plan. You can keep the unspent funds in your HSA, but you and your employer may no longer contribute to it.
- If you are enrolled in a CDHP/HSA for 2012 and choose another medical plan that is not a CDHP for 2013:
  - Any unspent funds in your HSA will remain. You can spend your HSA funds on qualified medical expenses in 2013, or you can leave them for the future. However, you and your employer may no longer contribute to your HSA in 2013.
  - HealthEquity will charge you a monthly fee of \$3.95 if you have less than \$1,500 left in your account after December 31, 2012. You can avoid this charge by either ensuring you have at least \$1,500 in your HSA or spending all of your HSA funds by December 31.
  - You should contact your payroll office to stop your automatic payroll deductions to your HSA (if you set this up), or HealthEquity (if you set up direct deposits through them).
- You can name beneficiaries to receive any unspent HSA funds if you die. Complete the *Beneficiary Designation Form* (found at [www.healthequity.com/pebb](http://www.healthequity.com/pebb)) and submit to HealthEquity to do this.
- Not every PEBB member qualifies for an HSA, and a CDHP/HSA option is not right for everyone. Other exceptions apply. To learn more, visit PEBB's website at [www.pebb.hca.wa.gov/cdhp.html](http://www.pebb.hca.wa.gov/cdhp.html).

## FSA changes for 2013

### Annual contribution limit decreases

The annual contribution limit for an FSA will decrease to \$2,500 in 2013 due to the federal Patient Protection and Affordable Care Act passed in 2010. (PEBB's 2012 annual limit is \$3,600.) If you currently contribute more than \$2,500 to an FSA and wish to continue your FSA next year, you must reenroll for 2013 and change your contribution amount effective January 1, 2013.

### Do you have an FSA debit card (also called the Benny card)?

If so, and you have unspent 2012 FSA funds after December 31, 2012, you can use your Benny card to deduct your costs for qualified services and treatments from your 2012 funds first. The Benny card can deduct from your 2012 funds through March 15, 2013 (the last day of the FSA grace period). After that date, the card will deduct money from your 2013 FSA funds (if you reenroll), and any unspent 2012 funds will be forfeited.

**If you're currently enrolled in an FSA and want to enroll in a CDHP/HSA in 2013, you must spend all of your FSA dollars by December 31, 2012.**

**If your spouse also has an FSA, he or she must also spend his or her FSA funds by December 31 for you to enroll in a CDHP/HSA—even if you do not cover your spouse under your CDHP/HSA in 2013.**



## FSA and DCAP must be renewed every year

If you wish to enroll in or continue your flexible spending account (FSA) or Dependent Care Assistance Program (DCAP) in 2013, open enrollment is the time to do it.

### What is an FSA?

An FSA allows you to set aside part of your paycheck, before taxes, to cover qualified health expenses for you and your family members—even if they're not enrolled on your PEBB coverage. The minimum annual contribution in 2013 is \$240, and the maximum is \$2,500. The amount you decide to set aside is divided by the number of pay periods in the year, and deducted from each paycheck. When you have qualified medical expenses, you can pay with an FSA debit card or submit a claim form to ASIFlex (the PEBB Program's administrator for both the FSA and DCAP) for reimbursement.

### What is the DCAP?

The DCAP allows you to set aside part of your paycheck, before taxes, for child and elder care expenses. The maximum annual contribution in 2013 is \$5,000 per household (\$2,500 if married and filing a separate tax return). The amount you decide to set aside is divided by the number of pay periods in the year, and deducted from each paycheck. When you have incurred qualified child or elder care expenses, you can submit a claim form to ASIFlex for reimbursement.

For more information or to enroll in the FSA or DCAP, visit <http://pebb.asiflex.com/> or call ASIFlex at 1-800-659-3035.

# Federal rules protect your health profile

George is not a health nut, but this year he decided to get serious about getting in shape. So he quit smoking and started to exercise more.

It had been a while since his last visit to see his doctor, so he went online and scheduled an appointment. While on his health plan's website, he also took a health assessment. When he finished, he had a health profile that he could use to take action on his health goals. The questionnaire was very detailed, and George wondered who would have access to his information. Would his premiums go up if his cholesterol was too high?

George called his health plan to ask questions of his own. What he learned was:

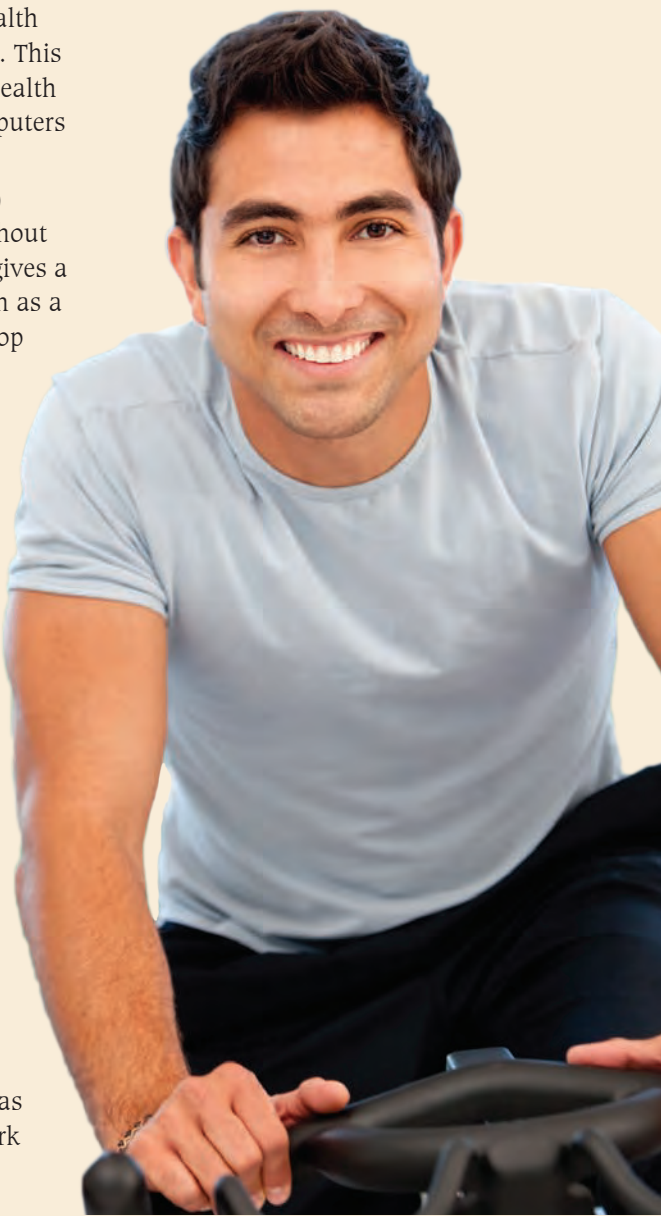
- The questions may touch on sensitive subjects but are part of a thorough medical history. Your responses make the assessment more relevant to you.
- The Health Insurance Portability and Privacy Act of 1996 (HIPAA) has rules that keep your information private and secure:
  - The **privacy rule** gives you rights over your health information, and sets limits on who can look at and receive your health information. This applies to all forms of an individual's protected health information, whether electronic, written, or oral.

- The **security rule** protects health information in electronic form. This requires your plan to ensure health information stored on its computers is secure.
- The Health Care Authority (HCA) can review aggregated data, without identifying information, which gives a broad picture of members' health as a group. This helps the HCA develop wellness programs to meet members' health needs. The data from health profiles are not used to guide insurance coverage decisions or to set monthly premiums for the plan.

Once his concerns were addressed, George thought it was pretty cool how he could use the assessment to help him achieve his specific health goals and to make the most of his upcoming preventive care visit.

He also liked how the website pointed him to a list of programs offered by his medical plan. He could get help with smoking cessation, losing weight, even stress reduction.

His concerns put to rest, George was ready to put this handy tool to work for him.



## How to find the health assessment

If you haven't already done so, you will need to register on your plan's website before you can access the questionnaire.

	Group Health	Kaiser Permanente	Uniform Medical Plan
Website address	<a href="http://www.ghc.org/pebb">www.ghc.org/pebb</a>	<a href="http://kp.org/healthylifestyles">kp.org/healthylifestyles</a>	<a href="http://myRegence.com">myRegence.com</a>
If you have not registered with your plan's website	Select <i>Register for MyGroupHealth for Members</i>	Go to <a href="http://kp.org/register">kp.org/register</a>	Select <i>Register Now</i>
To start the health assessment	Go to <i>Health Profile</i> and then <i>Fill Out Questionnaire &amp; See Reports</i>	Go to <i>My Health Manager</i> and choose <i>My medical record</i>	Log in and choose <i>Rewards</i> under <i>MyHealth</i> then select <i>General Health Assessment</i>





## Do you need a booster shot?

People sometimes forget or choose not to include vaccinations as part of their health care strategy. But without vaccines, epidemics of many preventable diseases could return, resulting in increased – and unnecessary – illness, disability, and death.

Tdap includes the vaccine for tetanus, diphtheria, and pertussis (whooping cough). It is recommended for children at age 11 or 12. This dose could be given as early as age 7 for children who missed one or more doses of the childhood version, DTaP.

Generally, all adults should get a booster dose against tetanus and diphtheria every 10 years. Adults under age 65 who have never received the Tdap vaccine should get a dose of Tdap as their next booster dose. Adults ages 65 and older may get one booster dose of Tdap.

For more information, call your local or state health department. You also can contact the Centers for Disease Control and Prevention (CDC) at 1-800-232-4636 or visit [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines).

# PEBB plans make access to vaccinations painless

Whether it's seasonal flu, shingles, or a statewide whooping cough epidemic, your PEBB plans make it easy and affordable for you to get vaccinations without an appointment.

## If you are enrolled in Uniform Medical Plan (UMP)

Go to a pharmacy that accepts Washington State Rx Services and gives immunizations to UMP members at the network rate—many major pharmacy chains do. To find a participating pharmacy, you can check with your local pharmacy, call Washington State Rx Services at 1-888-361-1611, or go to [www.ump.hca.wa.gov](http://www.ump.hca.wa.gov). You may want to call the pharmacy first to confirm its hours for providing immunizations, and that it has the vaccine you need in stock.

## If you are enrolled in Group Health

Group Health Medical Centers include 25 full-service clinics where vaccinations are available 8:30 a.m. to 5 p.m. Monday through Friday. No appointment or doctor visit is necessary. If you do not live near a clinic, you can receive flu vaccinations at a local pharmacy and submit a claim form for reimbursement. For all other vaccinations, you must see your doctor for coverage under the preventive care benefit. Call a customer service specialist at 1-888-901-4636 if you have questions about coverage.

## If you are enrolled in Kaiser Permanente

Most Kaiser medical offices include a Nurse Treatment Room where you can get common vaccinations on a drop-in basis.

## If you or a covered dependent is enrolled in Medicare

Medicare covers pneumonia, flu, and hepatitis B vaccines with no deductible and no copay. The shingles vaccine is recommended for adults over age 60, but it is not covered by Medicare and can cost more than \$200 at a pharmacy. However, UMP Kaiser, and Group Health cover the shingles vaccination under the preventive care benefit once per lifetime for members ages 60 and older.





# See what our website can do for you



Go to [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) for the latest announcements about your PEBB benefits. You can also:

**Compare plan benefits.** If you're thinking of changing medical or dental plans or want to review your plan's benefits, select *Benefits* from the left navigation panel, then select *Medical* or *Dental*. You can compare up to three plans at the same time.

**Find plans in your county.** Select *Benefits* from the left navigation panel, then select *Medical* and *Your Rate/Premium*. Answer the questions to find the plans available in your county of residence.

**Change plans for 2013.** During open enrollment, you can change your medical and dental plans online. Simply select *My Account* under the *Coverage* header.

**Visit the video library.** During open enrollment you can view a presentation that summarizes what changes will take effect in the new plan year and offers helpful reminders.

**Find links to the health plans' and other vendors' websites.** From the *Benefits* link, select *Medical* and then *Contact the Plans* for phone numbers and links to the plans' websites. The plans' websites also include publications, drug formularies, special plan features, provider directories, and other helpful information. The PEBB website is also your portal to details on life insurance, long-term care insurance, and other benefits.

## Most PEBB plans offer creditable prescription-drug coverage

If you are enrolled in Medicare or approaching eligibility (age 65 or older), it may be helpful to know which PEBB plans offer prescription-drug coverage that is creditable to Medicare Part D.

Creditable coverage is prescription-drug coverage that's expected to pay, on average, at least as much as Medicare's standard prescription-drug coverage (Part D). By remaining enrolled in a PEBB plan with creditable coverage, you will not incur a penalty if you choose to enroll in a Medicare Part D plan later.

This means you don't need Medicare Part D if you are enrolled in:

- Group Health Cooperative Classic, Consumer-Directed Health Plan (CDHP), or Value
- Kaiser Permanente Classic or CDHP
- Uniform Medical Plan Classic or UMP CDHP

Each of these PEBB plans provides creditable prescription-drug coverage. However, if you cover a dependent who has Medicare as his or her primary coverage (Medicare pays benefits before the PEBB plan), the Group Health CDHP and Kaiser Permanente CDHP **do not** provide creditable prescription-drug coverage for them. Examples include a spouse who has end-stage renal disease or a domestic partner enrolled in Medicare.

To learn more about Medicare Part D plans and when Medicare pays primary, call the Centers for Medicare & Medicaid Services at 1-800-MEDICARE (1-800-633-4227) or go to [www.medicare.gov](http://www.medicare.gov). In Washington State, you may also contact the Statewide Health Insurance Benefits Advisors (SHIBA) HelpLine at 1-800-562-6900 or go to [www.insurance.wa.gov](http://www.insurance.wa.gov).



If you would like to help reduce the HCA's reliance on paper mailings and their toll on the environment, sign up for PEBB's email subscription service. The service replaces PEBB's general mailings, such as newsletters and reminders.

When you receive your newsletter via email, you'll also be able to access additional information via links in the articles.

To sign up for the email subscription service, go to [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov) and select *My Account*. Details and frequently asked questions about the service are also on the website under *Announcements*.

# Benefits fairs schedule

During open enrollment, you can learn more about your health plan and other insurance options by attending one of the PEBB Program's benefits fairs. You can pick up information and speak personally with representatives from the health plans, the PEBB Program, Department of Retirement Systems, life insurance, and auto/home insurance companies.

Maps to the benefits fairs are available online at [www.pebb.hca.wa.gov](http://www.pebb.hca.wa.gov).

## Bellingham

**November 8, 2012**

9 a.m. to 12 p.m.

St. Luke's Health Education Center

Meeting Rooms E & F

3333 Squalicum Parkway

## Bellevue

**November 15, 2012**

1 to 4 p.m.

Bellevue College, Cafeteria Building C

Rooms C120 A & B

3000 Landerholm Circle SE

**Flexible Spending Account Presentation**

- 1 to 1:30 p.m.

Cafeteria Building C

Rooms C130 A & B

## Cheney

**November 6, 2012**

8 to 11 a.m.

Eastern Washington University

Hargreaves Hall, Room 201

905 Elm Street

**Flexible Spending Account Presentation**

- 8 to 8:30 a.m.

Tawanka Rooms 215 B/C

## Ellensburg

**November 15, 2012**

1 to 3:30 p.m.

Central Washington University

Student Union & Recreation Center

Room 137

400 E. University Way

**Flexible Spending Account Presentation**

- 1 to 1:30 p.m.

Room 202

## Everett

**November 16, 2012**

9 a.m. to 12 p.m.

Everett Community College

Fitness Center

2000 Tower Street

**Flexible Spending Account Presentation**

- 8:30 to 9 a.m.

Multipurpose Room

## Lakewood

**November 9, 2012**

1 to 4 p.m.

Clover Park Technical College

McGavick Conference Center

Building 23, Room 301

4500 Steilacoom Boulevard SW

**Flexible Spending Account Presentation**

- 1 to 1:30 p.m.

Room 302

## Mount Vernon

**November 8, 2012**

2 to 4 p.m.

Best Western Cotton Tree Inn

Convention Center, Fidalgo Room

2300 Market Street

## Olympia

**November 13, 2012**

11 a.m. to 2 p.m.

General Administration Auditorium

210 11th Avenue SW

## Pasco

**November 8, 2012**

2 to 4:30 p.m.

Columbia Basin College

Byron Gjerde Center, H Building

2600 N. 20th Avenue

**Flexible Spending Account Presentation**

- 2 to 2:30 p.m.

Lee R. Thorton Center for Science

Diversity & Technology

T Building, Room TD-415

## Port Angeles

**November 2, 2012**

11 a.m. to 2 p.m.

Peninsula College

PUB Conference Room

1502 E. Lauridsen Boulevard

## Pullman

**November 7, 2012**

12 to 4 p.m.

Washington State University

Compton Union Building (CUB)

Junior Ballroom, West Room 212

## Pullman (continued)

**Flexible Spending Account Presentation**

- 12 to 12:30 p.m.

Compton Union Building (CUB)

Junior Ballroom, East Room 210

**Health Savings Account Presentation**

- 1 to 1:30 p.m.

Compton Union Building (CUB)

Junior Ballroom, East Room 210

## Seattle

**October 30, 2012**

10 a.m. to 3 p.m.

Harborview Medical Center

Research & Training Building

325 9th Avenue

**Flexible Spending Account Presentation**

- 10 to 10:30 a.m.

Auditorium

**October 31, 2012**

10 a.m. to 3 p.m.

UW Medical Center & Health Sciences

Lobbies

1959 NE Pacific

**Health Savings Account Presentations**

- 11:30 a.m. to 12 p.m.

- 12:30 to 1 p.m.

RR-134

**November 1, 2012**

10 a.m. to 3 p.m.

University of Washington

North Ballroom

Husky Union Building (HUB)

**Health Savings Account Presentations**

- 11:30 a.m. to 12 p.m.

- 1:30 to 2 p.m.

HUB Room 250

## Shoreline

**November 7, 2012**

1 to 4 p.m.

Shoreline Conference Center, Lobby

18560 First Avenue NE

**Flexible Spending Account Presentation**

- 12:30 to 1 p.m.

Shoreline Room

## Spokane

*November 6, 2012*

1 to 4 p.m.

Spokane Community College  
Building 6

Lair Sasquatch/Bigfoot Room

1810 N. Greene Street

**Flexible Spending Account Presentation**

- 1 to 1:30 p.m.

Lair Auditorium

## Vancouver

*November 2, 2012*

1 to 4 p.m.

Clark College

Gaiser Hall Student Center

1933 Fort Vancouver Way

**Flexible Spending Account Presentation**

- 12:30 to 1 p.m.

Penguin Union Building (PUB)

Rooms 258 A, B, & C

## Wenatchee

*November 16, 2012*

12 to 3 p.m.

Wenatchee Valley College

Wells Hall – Campus Theater

1300 Fifth Street

## Yakima

*November 15, 2012*

9 to 11 a.m.

Yakima Valley Museum

Jewett Entrance Gallery

2105 Tieton Drive

**Flexible Spending Account Presentation**

- 8:30 to 9 a.m.

Centennial Hall Ballroom

## Tumwater

*November 6, 2012*

12 to 2:30 p.m.

Dept. of Labor & Industries

Auditorium

7273 Linderson Way SW

**Flexible Spending Account Presentation**

- 12 to 12:30 p.m.

Auditorium

## Walla Walla

*November 8, 2012*

8:30 a.m. to 12 p.m.

Walla Walla Community College

Back Dining Area

500 Tausick Way

**Flexible Spending Account Presentation**

- 8:30 to 9 a.m.

Conference Rooms 185 A & B

# Who to call for help

Contact the plans directly for help with benefit questions, choosing a doctor or dentist, verifying that your provider contracts with their plan, verifying that your prescriptions are covered, ID cards, and claims.

Medical plans	Website address	Customer service phone numbers	TTY customer service phone numbers (deaf, hard of hearing, or speech impaired)
Group Health Classic, CDHP, Value	<a href="http://www.ghc.org/pebb">www.ghc.org/pebb</a>	206-901-4636 or 1-888-901-4636	711 or 1-800-833-6388
Kaiser Permanente Classic or CDHP	<a href="http://www.my.kaiserpermanente.org/nw/wapebb">www.my.kaiserpermanente.org/nw/wapebb</a>	503-813-2000 or 1-800-813-2000	1-800-735-2900
Uniform Medical Plan Classic or UMP CDHP	<a href="http://www.ump.hca.wa.gov">www.ump.hca.wa.gov</a>	1-888-849-3681	711

Health Savings Account Trustee	Website address	Customer service phone number	TTY customer service phone number (deaf, hard of hearing, or speech impaired)
HealthEquity, Inc.	<a href="http://www.healthequity.com/pebb">www.healthequity.com/pebb</a>	1-877-873-8823	711

Dental plans	Website address	Customer service phone numbers
DeltaCare, administered by Washington Dental Service	<a href="http://www.deltadentalwa.com/pebb">www.deltadentalwa.com/pebb</a>	1-800-650-1583
Uniform Dental Plan, administered by Washington Dental Service	<a href="http://www.deltadentalwa.com/pebb">www.deltadentalwa.com/pebb</a>	1-800-537-3406
Willamette Dental of Washington, Inc.	<a href="http://www.WillametteDental.com/WApebb">www.WillametteDental.com/WApebb</a>	1-855-433-6825

Flexible Spending Account (FSA) and Dependent Care Assistance Program (DCAP)	Website address	Customer service phone number	TTY customer service phone number (deaf, hard of hearing, or speech impaired)
ASIFlex	<a href="http://pebb.asiflex.com">http://pebb.asiflex.com</a>	1-800-659-3035	1-866-908-6043



## This is your *only* 2013 open enrollment notice.

### Take action to ensure your plan(s) are still right for you

The PEBB Program's annual open enrollment is almost here—don't miss these opportunities to find out more about your plan(s)' changes in 2013 and ensure that your plan(s) still fit your family's needs. You can find more information on PEBB's website, from your health plans, from your employer, and at PEBB's benefits fairs.

#### Important dates

- |                                       |  |
|---------------------------------------|--|
| <b>November 1–30, 2012</b>            | PEBB's open enrollment period; your chance to change medical and/or dental plans, remove or add eligible family members to your account, and enroll in a flexible spending account or Dependent Care Assistance Program. To add family members, you must provide documents that prove their eligibility for PEBB coverage before enrolling them on your account. Go to <a href="http://www.pebb.hca.wa.gov">www.pebb.hca.wa.gov</a> and select <i>Dependent Verification</i> for a list of acceptable documents. |
| <b>October 30 – November 16, 2012</b> | Benefits fairs are held throughout Washington. Meet representatives from the health plans and PEBB's other benefit vendors. See the full schedule on pages 10–11.  |
| <b>November 30, 2012</b>              | Last day to make changes to your PEBB coverage; online plan changes on <i>My Account</i> end at midnight.  |
| <b>January 1, 2013</b>                | New plan year begins; plan changes become effective.   |